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Bib Data Sheet

CONFIRMATION NO. 4510

<b>SERIAL NUMBER</b> 09/585,726	<b>FILING DATE</b> 05/31/2000 <b>RULE</b>	<b>CLASS</b>	<b>GROUP ART UNIT</b> 2131	<b>ATTORNEY DOCKET NO.</b> 60208
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**APPLICANTS**  
Geoffrey B. Rhoads, West Linn, OR;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CON OF 09/496,380 02/02/2000  
 WHICH IS A DIV OF 08/951,858 10/16/1997 PAT 6,026,193  
 WHICH IS A CON OF 08/436,134 05/08/1995 PAT 5,748,763  
 WHICH IS A CIP OF 08/327,426 10/21/1994 PAT 5,768,426  
*March 17, 1994*  
*which is a CIP of 08/215, 289 (abdn)*  
*which is a CIP of 08/154, 866, Nov. 18, 1993 (abdn)*  
*Re.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
None

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 08/15/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY OR</b>	<b>SHEETS DRAWING</b> 21	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 2
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35 USC 119 (a-d) conditions met  
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged  
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

**ADDRESS**  
23735

**TITLE**  
Steganographic Encoding and Decoding of Auxiliary Codes in Media Signals

<b>FILING FEE RECEIVED</b> 1574	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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